

The Blind Are Not Apart

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AMERICAN FOUNDATION
FOR THE BLIND INC.

The Blind Are Not Apart

M. MICHAEL GEFFNER

A social worker on the staff of the New York Guild for the Jewish Blind reminds us that these handicapped persons are individuals.

vince him that he can be helped with accurate knowledge and a real kindness by Travelers Aid. Ticket agents, pressed as they are these days, have no time for involved travel explanations. The Negro traveler has often been routed wrongly because of the uncertain phrasing of his questions. Then, there is the widespread tendency to let the Negro wait when there are white passengers expecting first attention.

Housing is perhaps the largest single item in the Travelers Aid service today. In many places it is the most difficult to administer. The units are located around army camps and industrial plants, where the housing shortage is acute for both Negroes and whites. Housing for Negroes is usually regarded as a special problem, such as families with babies, or persons with physical disabilities. In a New Jersey town, the caseworkers had to send Negro wives to New York City for accommodations until a house to house survey and a personal appeal for rooms could be made covering the entire Negro population of over 2,000. The results proved that the effort was worthwhile.

In a New England town containing only one resident Negro family, a committee of lay persons organized to do something about housing for Negro servicemen's wives. The members of the committee felt that they could no longer justify their statement to the Negro soldier that no homes were available. As a result of the efforts of this committee and the USO-Travelers Aid staff, about twenty rooms in white homes are available to the wives of Negro servicemen.

Unattached girls picked up by the local police in military areas are classified by Travelers Aid as "girls in need of social protection." Local police authorities are often harsh or indifferent toward these girls, especially when they are Negroes. Travelers Aid tries to work cooperatively with police or venereal disease hospitals in planning for the non-resident girl. One community insisted on the employment of a Negro caseworker to help the Negro girls, being unwilling to let the white staff member work with them.

A New Understanding

Only the socially blind can close their eyes to the many tradition-bred difficulties to Negro services. But similarly, only the most unperceiving could fail to note and rejoice that in some areas determined efforts have resulted in improved services and have effected a leavening within the field of race relations. Men and women, Negro and white, who have experienced the genuine satisfactions inherent in the practice of real democracy may reasonably be expected to retain their new-found understanding in the postwar period.

THERE is an old tale about a blind man, walking in the darkness of night, carrying a lighted lantern in his hand. Astonished, people asked him why he carried a light, since he could not see anyway. "It is for the others," the man replied, "so that they can see me, help me, and warn me if I come to a ditch."

At this moment, more than ever before, light should be thrown on the problems of those who are blind, as well as of those with other handicaps. The consideration and wisdom which we give to our returning war veterans who have suffered casualties will prove to be the gauge of our enlightenment and social advancement. Not only is blindness itself a great human tragedy, but lack of understanding, and certain attitudes of the public, make the lot of a blind person much harder than it need be.

Persons—Not Groups

Because of the outward manifestations of helplessness which accompany this handicap, traditionally the blind have been made the object of pity and commiseration. They are regarded as incapacitated and inferior to a normal person in many respects, and their normal achievements are looked upon as outstanding feats. This is highly injurious to their self-respect, and influences unfavorably their efforts to achieve economic and social self-sufficiency. A knowledge on the part of the general public of the true nature of the handicap and the real problems it entails would go far toward helping the blind person make necessary adjustments for himself.

It is commonly assumed that "the blind" form a homogeneous group of people, with similar faculties and habits. This view sets them as a group apart from the general population. But on closer observation, one will find that each blind person is an individual with a distinct personality and his own peculiar characteristics. It is true, the handicap creates certain common problems and conditions, but it does not eliminate or even seriously affect the traits and potentialities of the individual.

Furthermore, such a view fails to take into account the fact that the term "blind" applies not only to total lack of vision, but also to certain visual shortcomings. The problems of the partially sighted are quite different from those of the totally

blind. Then, there is a marked difference between those who have been blind from birth or early infancy, and those who become blind as adults. When blindness strikes late in life, another set of factors is encountered. Aged people often suffer from additional handicaps, such as impaired hearing and general infirmity, and are rarely adjusted to their fate. Because the elderly group of blind people is best known to the public, the awareness of their problem tends to set the popular attitude towards all the blind.

Congenital blindness is comparatively infrequent, and its occurrence is steadily being decreased as a result of sanitary measures and public education in hygiene and eugenics. The congenitally blind, and those blind from early infancy, develop under circumstances which cannot be called normal. But the blind child is primarily a child requiring as a whole, the same treatment, affection, and attention as other children, although special methods must be used because of his handicap. While it would be wrong to assume that visual imagery can develop in a child blind from birth or early infancy, he may to a degree learn to experience it vicariously, through substitutions. In fact he may not even feel the lack of vision, in itself, as a loss. For some children the most painful experience is the discovery that they are different from others, and are not able to do all the things that other children do. With proper guidance, however, adjustment may become as perfect as limitations permit.

Substitutes For Eyes

The human mind and human personality, in general, are resourceful and flexible enough to meet emergencies. A blind person acquires no new senses or faculties, but learns to develop those which he has to their highest potentiality. The need for concentration on every detail of touch and sound results in achievements amazing to the sighted.

It has been found that the reading finger of an accomplished Brailist ordinarily has no greater acuity of touch than that of a sighted person. His speed in reading with his fingers can be explained by the fact that reading actually represents a highly developed mental process, and is not a sensory achievement. In a similar manner, the telegrapher re-

fact that there might be individual difficulties, but felt that these should be met on an individual basis."

When the advisory committee contains no Negro representative, responsibility for the interpretation of the Travelers Aid program to the Negro community rests with the unit director. The director of the Negro USO club, the Negro clergy, the leaders of Negro civic and social groups are effective channels to the Negro community. These groups can break down many of the misconceptions on the part of Negroes toward the service.

Staff Members

When a Negro worker is assigned to a Travelers Aid unit, the director strives, irrespective of community custom, to have her become one of the staff in the fullest sense possible; to insure for her at least professional acceptance on the part of the other staff members; to see that the title used in addressing her is no different from that used for other staff members.

The director tries to provide comparable desk and office space and stenographic service to all staff members. In only two instances on record has there been opposition on the part of the clerical staff. In both of these, locally employed secretaries objected openly to taking shorthand dictation from a Negro worker. To our knowledge, in every other unit with interracial staffs the relations are excellent.

In spite of the best intentions on the part of directors, the Negro worker is isolated to some degree from the staff and unit activity. Although she may share the main office, there are many activities from which she is completely shut off. For example, in one town the worker was excluded from the unit's anniversary celebration because it took the form of a garden party.

It has been necessary to exercise care lest the employment of a Negro caseworker be misinterpreted by the Negro community as a measure to segregate Negro services, or by the white community as a measure precluding the continued serving of Negro clients by the white staff.

Another problem has been the difficulty of effecting a close relationship between the Negro volunteer and the white professional staff—particularly where there is a Negro worker on the staff. The Negro volunteers identify themselves so completely with the Negro worker that it becomes almost impossible for her to have any free time. They persist in calling her on case situations, despite all efforts to have them consult the white caseworker on duty.

The director of a Louisiana unit has



A Negro volunteer on night duty at a USO lounge answers numerous GI inquiries

achieved a successful method of meeting this problem. In this unit, in which all the caseworkers rotate on the night shift at the office, the director makes a special effort to visit frequently the Negro intake points at the bus and railway terminals to talk with the volunteer who happens to be on duty. In getting to know each volunteer individually in this way, she has managed to establish confidence on the part of the Negro volunteers in the white workers. The returns have been large in terms of increased referrals to the other staff members when the Negro worker is off duty.

Clients and Services

Perhaps the most surprising obstacle standing in the way of a truly non-discriminatory service lies in the fact that, consciously or unconsciously, some professional workers themselves possess racial prejudice. By their own admission, some workers have discovered deep-seated feelings within themselves of which they were unaware before their experience with the USO-Travelers Aid. Some of these workers are in real conflict over their discovery; others have persuaded themselves into believing that it is possible to assert their "professional self" to the exclusion of that other inner self—and still work

effectively with Negroes.

The majority of Negroes, being little traveled, have not known the Travelers Aid previously and regard it as a new service, born of USO. The few who had some pre-war knowledge of Travelers Aid Societies, in many instances had assumed that the service was not for them. It has, therefore, taken a great deal of painstaking interpretation to make the service known to the community so that Negroes will avail themselves of it when in need. Even assurance that they will be treated sympathetically by a white caseworker cannot always break down their reluctance nor reconcile their conflicting feelings. To many Negroes it is a new experience to ask anyone, especially a white stranger, to help him in any way on the basis of his individual need, rather than in exchange for employment, past or future.

Even the strongest attempts at interpretation are sometimes unable to overcome these anxieties. When there is no Negro worker on the staff many Negroes in need of travel service do not get it.

The Negro often prefers to seek counsel from a fellow passenger in the Negro waiting room rather than to ask aid of someone cloaked with the authority of an organization. It is slow work to con-

ceiving messages reads with his ears.

Certain sounds that may pass unheeded by seeing people can become an essential factor in enabling a blind person to find his way around. The ticking of a clock, the sound of a dripping faucet, a chirping canary, often are aids in orienting a blind person in unfamiliar surroundings. The impressions received from the sense of smell are also more closely analyzed by the blind than by the sighted. A blind man, alone on the street, can often tell when he is passing a drug store, a delicatessen, a florist shop, a park or a waterfront. The so-called "obstacle sense" is not a new faculty created by blindness. It is a combination of delicate acoustic impressions and the perception of air variations. Anyone walking in darkness alongside a wall or between two walls will notice a difference from walking in open space. This discernment of obstacles may be so developed that poles or other narrow objects can be perceived within the distance of even a yard or more. However, such a keen development of this capacity is only achieved by those who have been blind from infancy. The later blindness occurs, the less accurate are such perceptions.

After the First Shock

The loss of sight in adult life is doubt-one of the greatest shocks man can experience. At first it often seems beyond endurance, and suicide appears to be the only possible solution. But when love for a person or prospects for the continuation of useful activity begins to make life again appear worth living, the pain of not being able to see vanishes gradually into the background of the consciousness, becomes more and more vague, and eventually gives way to a sense of resignation. Visual imagery, however, continues to play an important part in mental life.

The newly blinded should receive proper attention and expert advice as soon as possible. Doctors and social workers may find it advisable not to reveal the full extent of his eye condition immediately to the patient. But he should be impressed with the importance of adjusting himself to the new situation, although he may be allowed to consider this adjustment temporary or as a precautionary measure.

Special workers are employed—home teachers, usually blind themselves—who are trained to help the newly blinded person regain self-confidence, and to instill in him the will and courage to utilize his remaining capacities to their fullest. When he discovers that he can again shave himself, learn to use the typewriter, write a letter by himself, and resume his place as a useful member of society, his whole outlook on the situation

will become brighter. The woman who is taught to knit, sew, cook and carry on all types of household duties, in spite of her handicap, will find meaning in life again. Whenever possible, the newly blinded are advised and helped to resume their former occupations and, when this is not possible, to acquire new skills according to their abilities. It is another responsibility of the workers to influence the sighted relatives to accept the blind person as naturally as possible; not to be over-solicitous, but rather to encourage him to be active and independent.

A blind person who is physically and mentally fit, has the same desire as a seeing person to take his full share of responsibility as a useful member of society. He has the normal desire to be self-supporting and independent. In addition to the economic factor, assurance of steady occupation is essential for its therapeutic value. Fortunately, the occupational and productive capacity of blind people is much greater than one would expect. The main difficulty is the *acquisition* of a job. There are a great number of occupations where vision is not needed for efficient performance. The growing mechanization of industry has created many possibilities for the blind in factory employment. Placement agents for the blind, most of them sightless themselves, are active in convincing employers of the practicality of using blind workers, and in demonstrating that many operations can be performed without sight.

In general, however, employers are reluctant to accept the blind worker for fear of increased accidents. Nevertheless, it has been proven that the percentage of accidents among blind workers is comparatively low, since they are usually very

cautious and their seeing fellow-workers are as a rule cooperative. The problem of discipline and discharge, which also deters many employers for sentimental reasons, can be solved satisfactorily through cooperation with an agency for the blind.

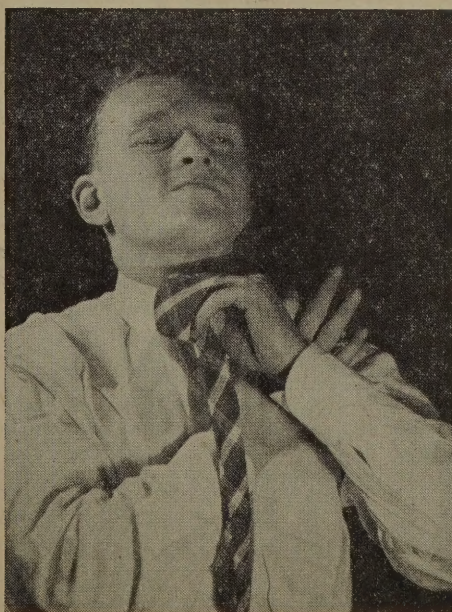
During the present shortage of manpower many blind people have found employment in industry. They have proved beyond doubt that they are equal to their task, and it is hoped that this will have a beneficial influence on their future opportunities.

Occasionally, however, imposing lists are published of professions and occupations in which blind people have been engaged. These are likely to convey erroneous impressions. Many of the achievements listed are accomplished by partially sighted people or by others who were trained for their work before losing their sight. For instance, because a physician was able to continue a limited practice after becoming blind, it would be unreasonable to conclude that the medical profession is open to the blind. Blind people can, however, be trained for such professions as teaching, the ministry, and various types of literary activity.

Probabilities of Self Support

Although the number of completely self-supporting blind is steadily growing, they will always represent a minority of the blind. Only a few outstanding individuals are able to hold their own, unaided, in a system of free competition. By far the majority need some assistance to make up for their diminished competitive ability. Moreover, the blind have additional expenses as a direct result of their handicap. Often a guide must be paid for, a "seeing-eye" dog maintained, a reader engaged, or a telephone installed. Effective help can only be given through adequate legislation, granting subsidies, preferences, and privileges. According to the present set-up, most states give "blind assistance" as part of the federal social security program, adapting it to the individual need. Recently, a bill was passed by Congress—the Barden-LaFollette act—through which federal funds are allocated to the states for rehabilitation and placement of the blind.

However, the present governmental assistance is not adequate to meet all the needs of the blind. For this reason, large amounts must be collected from private sources. To arouse public sympathy the factor of helplessness is often strongly emphasized in these appeals for funds. This is in direct conflict with the claim that the blind can do almost everything, and creates confusion in the minds of the public as to the actual ability of the blind, thus impeding a constructive and consistent policy towards their problems.



New York Association for the Blind
Blind persons regain self-confidence
when they do things for themselves

Even if the economic problem is eliminated, in a world where sight plays such a dominant part, the blind will always require a certain amount of help on the part of their fellow men. But the feeling of dependence may be far more painful than the lack of sight in itself. Therefore, the blind should be helped only in order to enable them to help themselves. A blind man, for instance, suffering from no other handicaps, who asks for assistance in the street, should be given just enough help to assure him that he may proceed safely. Holding him lightly by the arm or, better still, offering him your own arm as a guide, usually will give that assurance. Anything beyond that—grabbing his arm or body, raising your voice to give explanation—is not only superfluous and disconcerting, but may also injure his ego.

Everyone Can Help

A sympathetic and intelligent companion can shield a blind person from many awkward and unpleasant experiences. Such a companion can see that he does not address someone who has left the room—or fail to take the proffered hand of someone who wishes to greet him. An understanding companion can describe to him the surroundings of an unfamiliar place, inform him about events and people around him, treat him in a normal, unsentimental manner. Such an example will help keep people from unconsciously patronizing the blind person, dealing with him as if he could not represent his own interests, or talking loudly to him as if he could not hear well.

In his social relationships, a blind person faces particularly serious problems and difficulties. Basically, the blind are well able to maintain normal social contacts. They have the advantage of speech, which is the most important link between individuals. Once a mutual rapport has been established, the relationship may become so normal that the handicap may, at times, be forgotten, both on the part of the sighted and the blind. But unfortunately, there is a great reluctance on the part of the seeing to associate with blind people. Many fear that such an association will be depressing and burdensome. Moreover, there is a popular fallacy that blindness very frequently is due to venereal disease. Actually, a very small percentage of cases are accountable to this cause.

Because of this, and in order to satisfy a normal desire for social life, the blind tend to follow the path of least resistance and associate with each other. Visitors to clubs and associations for the blind are sometimes amazed at the normal spirit prevailing and the cheerful manner in

which sports, dances, and games are conducted. Such social segregation, however, cannot be regarded as an ideal solution. It tends to confirm the popular attitude that the blind are a unique group whose members can live only under special circumstances. It also strengthens the feeling of separateness among the blind themselves. The ultimate aim should be to widen constantly the circle of seeing friends for each blind individual.

No one can deny that blindness is a serious handicap. Many unpleasant facts

must be taken for granted. But ciliation to this much dreaded fatality is possible when blind people receive sympathetic understanding and cooperation from the public—when they are allowed to assert themselves as full-valued human beings; when they are helped to satisfy their normal desire for work and economic security; when they are enabled to avoid unwholesome isolation and segregation and are given the opportunity for a full life commensurate with their capacities.

A State Cancer Program

ALICE JUNE DRITZ

How Missouri is pioneering in cancer prevention, told by a former employe of the Ellis Fischel Cancer Hospital.

THE first and only state hospital in the United States, erected, equipped, and administered by a state for the treatment of cancer alone, has been in operation in Columbia, Mo., for over three years.

The Missouri State Cancer Commission and the staff of the hospital expect to use this institution, the Ellis Fischel State Cancer Hospital, not only to fight the disease among low income groups, but also as a research and educational center for increasing knowledge and spreading information about the cure of cancer. They hope it may serve as a model to other states for, despite the fact that cancer destroys 158,000 people each year in the United States, the support of cancer research is still painfully inadequate.

Many problems relating to cancer still await experimental attack because of inadequate financial support. Scientific investigations that might lead to the discovery of new methods of prevention and cure are hampered by niggardly financing of cancer research, although cancer ranks second as a cause of death in this country. Less than \$1,500,000 is spent annually in this country for cancer research. Four times that amount is spent for research in infantile paralysis. There are only 400 cancer clinics in the United States, fifty-five of them located in New York State—an appalling lack of medical facilities for diagnosis and treatment. Many more clinics are needed to serve our whole population adequately.

Five years ago the state of Missouri began an intensive war against cancer, and erected the new cancer hospital. About 2,500 cancer patients who have been treated at the hospital have now returned to their homes without evidence

of the disease. These people were out the money necessary for their treatment, and had no place to go before the Ellis Fischel State Cancer hospital was opened.

How Patients Are Admitted

The great majority of patients admitted to the hospital are between thirty and sixty-five years old—an age of peak value in experience, maturity, and earning power. Without proper treatment the lives of many would be lost.

A prospective patient must submit an application for admission and be examined by a physician. The County must certify that he is truly in need, that is, without resources with which to meet medical expenses, even though he may be otherwise self-supporting. If these requirements are met, the County then requests that the applicant be admitted to the hospital. No charge is ever made to the patient, but there is charged \$5 a month for each patient. Appropriation by the state legislature provides funds for administrative costs.

When a patient arrives at the hospital he is sent to the social service department for an interview. The immediate purpose is to discover whether financial and other family obstacles will prevent the patient from remaining in or transferring to the hospital at necessary intervals. Often the interview reveals needs which must be met during the patient's absence, and results in plans to eliminate psychological fears before elimination or treatment is started.

Since the resources of patients for care in the hospital are extremely limited, the social service department takes responsibility for arranging

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